



**MASTER LICENSE SERVICE**  
DEPARTMENT OF LICENSING  
P.O. BOX 9034  
OLYMPIA, WA 98507-9034  
Telephone: (360) 664-1400

UBI NUMBER

## PERSONAL/CRIMINAL HISTORY STATEMENT

(For Vehicle Dealer or Commercial Telephone Solicitor)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

<b>PERSONAL STATEMENT</b>		Type of license(s) you are applying for: (A copy of this form will be provided to the agencies you check below.) <input type="checkbox"/> VEHICLE DEALER <input type="checkbox"/> COMMERCIAL TELEPHONE SOLICITOR			
BUSINESS NAME: (DBA or trade name)					
BUSINESS LOCATION ADDRESS: Street or Route		City	County	State or Country	Zip Code
I AM A: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LLC MEMBER/MGR <input type="checkbox"/> MANAGER* <input type="checkbox"/> PARTNER (Check all that apply) * Manager is only needed if you are applying for a commercial telephone solicitor					
NAME: Last		First	Middle	Maiden	
SOCIAL SECURITY NUMBER:		BIRTHDATE: Month, Day and Year			
HOME MAILING ADDRESS:			City	County	
STATE OR COUNTRY	ZIP CODE	FAX NUMBER (      )	HOME PHONE: (      )	WORK/CELL PHONE: (      )	

### CRIMINAL AND CIVIL HISTORY

Have you ever been convicted of a misdemeanor, gross misdemeanor, felony, or are you subject to any currently effective injunction or restrictive court order?    ☐ YES    ☐ NO

If yes explain each charge fully below and attach additional sheets as needed.

Date	Charge	City, County and State	Disposition	Docket Number

Have you ever had a judgment rendered against you?    ☐ YES    ☐ NO

If yes explain each charge fully below and attach additional sheets as needed.

Date	Charge	City, County and State	Disposition	Docket Number

### BUSINESS LICENSE AND REGISTRATION HISTORY

Do you currently have, or have you had a vehicle dealer or commercial telephone solicitor license in this or any other state?

If yes, enter the license information requested below.

☐ YES    ☐ NO

License Number	State	Dates	Type of business license or registration

Have you ever had disciplinary action taken against you or have you ever terminated a license in lieu of disciplinary action?

If yes, explain: \_\_\_\_\_

Is your current business structure changing?    ☐ YES    ☐ NO

### CERTIFICATION

I certify under penalty of perjury that all answers and statements are true, correct and complete. I understand that untruthful or misleading answers may be cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE

**X**

PRINT NAME:

DATE SIGNED:

PLACE SIGNED: (City, County and State)